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BOROUGH OF LISKEARD

THE
ANNUAL REPORT
OF THE

Community

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1956

P.J. FOX, M.B., B.Ch., B.A.O., D.P.H.

BOROUGH OF LISKEARD

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1956

To the Mayor, Aldermen and Councillors of the Corporation of the
Borough of Liskeard.

Your Worship, Ladies and Gentlemen,

During the year 1956 the estimated total population of the Health Area fell by 610. This fall was mainly due to a reduction in the population of the Torpoint Urban District from 6,210 to 5,680, due probably to some reduction in the numbers of Royal Naval personnel in the district. There were also small decreases in population in St. Germans Rural District, Liskeard Rural District and Liskeard Municipal Borough, and small increases in Saltash Municipal Borough and Looe Urban District. With 696 live births there was an excess of births over deaths of 44. The corrected birth rate for the Area at 15.1 was slightly below the national rate of 15.7 per 1000 of population. The highest birth rate recorded was in the Liskeard Rural District at 16.4 per 1000, the lowest being in the Looe Urban District where it was 13.1 per 1000. The still birth rate for the Area was 19.7 per 1000 total births, as compared with a rate of 23.0 for England and Wales.

Deaths in the Area during the year totalled 652, a reduction of 28 on last years figure, and the lowest so far recorded since I commenced the collection of statistics for the Area in 1948. The average age at death - 68 years for males, and 73 years for females was substantially the same as in 1955, and approaches very closely the figures given in recent Life Tables by the Registrar General. Of those who died during the year, 307 or 47% of the total had reached the age of 75 years or over at the time of death. Once more the group of diseases affecting the heart took the heaviest toll of life causing 255 deaths, and accounting for just over twice as many deaths as those attributed to all forms of cancer which again lies second in order of prevalence as a cause of death. In 1956 cancer of the lung, and the windpipe has for the first time become the most numerous form of defined cancer causing death in No. 7 Health Area, and was responsible for 22 deaths. Other points of interest in the death returns are the increase in the number of suicide deaths which totalled 10, and the fact that "other accidents", many of which concerned old persons and occurred in the home, caused 8 deaths as compared with the more publicised type of accident involving motor vehicles which was responsible for 2 deaths only.

It is appropriate at this stage to make some further reference to cancer of the lung and bronchus (windpipe) which has in recent years been taking an increasing toll of life, and has in consequence received a great deal of publicity, and has provoked much correspondence from statisticians, scientific, and medical workers, and non-specialised people in all walks of life. The main, and rather grim fact of this situation - that lung cancer mortality has greatly increased in the past 25 years - is nowhere in dispute, but there is as yet no agreement on the cause, or causes of this 20th Century plague. As a measure of the increase in the disease the rise in the number of deaths from this cause in the country as a whole from 2,286 in 1931 to 17,271 in 1955 is tragically clear, and in this Area there has been a noticeable, and steady increase in the disease over the past seven years from 7 deaths in 1950 to 22 deaths in 1956. In 1950 medical and statistical research workers in this country, and in America suggested that there was a strong link between the incidence of lung cancer, and the consumption of tobacco. Furthermore it appeared that the way in which the tobacco was consumed had a considerable effect on the risk of provoking cancer of the lung, with the cigarette in the role of the villain of the piece. In October 1951 two British medical research workers with the help, and cooperation of the medical profession, Government departments, and the British Medical Association commenced an enquiry into the smoking habits of some 40,700 doctors. These doctors were then followed through until March 1956 - a period of four years, and five months - and the mortality they had suffered during this period from lung cancer was examined in relation to

their smoking habits in October 1951 as shown in a questionnaire completed by them at that time. The result of this interesting, and relatively large-scale enquiry showed a steady gradient of incidence of death from lung cancer with increasing amounts of tobacco smoked. The standardised death rates per 1000 were : non-smokers 0.07, light smokers 0.47, moderate smokers 0.86 and heavy smokers 1.66 - or in other words the death rate for lung cancer is for heavy smokers (25 cigarettes or more per day) twenty times that of the rate for non-smokers. The enquiry also confirmed a lower incidence of lung cancer in pipe, and cigar smokers, showed a diminished liability to it in those smokers who had given up the habit, and showed a trend of increased mortality from chronic bronchitis, coronary thrombosis, pulmonary tuberculosis, and peptic ulcers amongst those who smoked. There is no doubt that this investigation did much to strengthen the position of those who have been trying to bring before the public the dangerous nature of the smoking habit. In commenting on the findings of this enquiry the editor of the British Medical Journal has written : " The new evidence now published makes it more than ever imperative for all concerned to see that the public is repeatedly informed of the possible dangers to health, and life from smoking cigarettes ". In spite of such clear warnings, and the publicity given to the matter in all sections of the popular press, the general mass of the public do not appear willing to abandon, or even moderate their appetite for tobacco. Indeed their jocular reference to the cigarette as " a cancer stick" suggests that in full knowledge of the possible consequences, they do not take the matter very seriously. It is of course a fact that no national publicity campaign drawing the attention of the public and particularly adolescents, and young adults to the hazards of smoking has yet been undertaken. Whilst this may be due in part to the reluctance of the Government to accept conclusions which they, and their advisers do not yet consider fully proven, they must also have in mind the loss of Excise duty, and the probability of unemployment amongst tobacco workers which would inevitably follow the success of any campaign against the smoking habit. Even if such a national Government sponsored campaign were launched there is considerable doubt as to whether it would be a real success. There is a growing view that the tobacco habit is something more than a harmless social custom. On the contrary it bears many of the marks of a drug addiction - in this case to the drug nicotine, and other chemicals which are released, and absorbed when tobacco is smoked. Those of us who have witnessed the efforts of our friends, and acquaintances to stop smoking will have observed the intense, almost pathological craving, coupled with an irritability which makes the previously placid smoker difficult to live and work with. I have more than a little sympathy with the moderate or heavy smoker, long confirmed in his habit, who tries to give it up, and I do not feel that any campaign aimed at him is going to meet with success. Our efforts must be directed mainly at those adolescents, and young adults who have not yet acquired what is after all, an unnecessary, expensive, and probably dangerous habit.

There was a welcome reduction in the number of deaths of infants under one year of age during the year, when 11 such deaths were registered. There is a reduction of 5 deaths on the 1955 total, and is the lowest figure so far recorded, the previous best being 13 deaths in 1954. The 1956 infant mortality rate for the Area was 15.8 per 1000 live births, as compared with the national rate of 23.8. The highest rates in the Area were at Liskeard M.B. and Saltash M.B. , whilst in Torpoint U.D. and Looe U.D. there were no infant deaths. Of the 11 deaths, no less than 8 were of infants under four weeks of age. In these 8 infants dying in the first hazardous days after birth the cause in 75% of the cases was prematurity. Whilst some of the premature births would have been difficult or perhaps impossible to prevent, some at least might have been prevented by better ante-natal care of the expectant mother. In this connection it is worth remembering that whatever the National Health Service may offer through the family doctor, the midwife, and the ante-natal clinic, the co-operation, and understanding of the expectant mother is very important if the

desired result - a normal birth at full-term is to be achieved. Pregnancy is in the great majority of cases a normal physiological process which ends in the birth of a healthy baby, but since in a small proportion of cases complications, and abnormalities do arise, it is never wise to take things altogether for granted. The observance of some simple, and not particularly irksome rules, about diet, rest, and relaxation, and clothing will do much to prevent the onset of those difficulties which once established, and allowed to continue may result in stillbirth, or premature birth. In this Health Area, largely rural in character, the ante-natal clinic operating in one of the larger centres of population did not prove successful, and the provision of ante-natal care, and advice must therefore rest with the family doctor, and the district nurse/ midwife.

For many years maternal mortality has been very much less of a problem than infant mortality, and it is now uncommon to find women dying as a result of child-birth. In the Health Area there was only one such death last year, and even this is above the average for the preceding five years in which three such deaths only occurred.

During the year 1956 the incidence of infectious disease, other than tuberculosis, was below average. The total number of cases notified was 480 as compared with an average of just over 900 for the six years immediately preceding. The most prevalent diseases in numerical order were measles with 241 cases, whooping cough with 111 cases, pneumonia with 70 cases, and erysipelas with 21 cases. Of the more serious infectious diseases there were 3 cases of poliomyelitis, 3 of encephalitis, and one of meningitis. None of these or indeed of the more common infectious diseases had a fatal outcome, and the 3 cases of poliomyelitis were of the non-paralytic variety. One of these was a summer visitor to Looe who was already suffering from the disease when she left her home in Manchester to travel to Cornwall.

In the early months of the year the parents of some 5,800 children born in the years 1947 to 1954 inclusive were written to, and asked to signify whether they wished to have their children registered for immunisation with a new British poliomyelitis vaccine which it was hoped would soon be available in limited quantities. Parents of 1,564 of these children agreed to register them - an acceptance rate of 27%. Subsequently in May and June with the limited supply of vaccine provided, 178 children selected according to a plan given by the Ministry of Health were vaccinated without incident. It is not possible to express any useful opinion yet on the efficacy of this vaccine especially as the incidence of poliomyelitis in the country was relatively light during the summer, and the autumn months of 1956, and children were therefore not exposed to a great deal of this infection. The acid test of this or any other vaccine against poliomyelitis will be its ability to protect vaccinated children in the face of moderate or heavy infection in their environment. We all fervently hope that this new measure against poliomyelitis will prove effective, as up to date all other measures tried have proved unreliable, and of little value.

Although the total incidence of new cases of tuberculosis during 1956 was below that of the previous year, the reduction occurred wholly in non-respiratory disease, the incidence of respiratory disease remaining at 28 cases as in 1955. One case only of non-respiratory tuberculosis was notified during 1956, and this is by far the lowest figure recorded for this disease since the Health Area was formed in 1948. Since most non-respiratory infections are due to the bovine type of tubercle bacillus, we have good reason to hope that as tuberculous cattle are eliminated from dairy herds this disabling and disfiguring disease once so common amongst children, and adolescents will largely disappear. Unfortunately the prospect for the more common form of tuberculosis - that which affects the lungs - is not nearly so bright. Respiratory tuberculosis has always

been the more prevalent type of the disease, and since the human being is the reservoir of infection it is understandably much more difficult, to discover and control human sources of infection. Amongst those who give time and thought to the problem there is a growing belief that the largest part of the reservoir of infection lies in the older age-groups of the community i.e. from 45 years upwards. Many such people suffer from long-standing chest complaints - usually labelled as chronic bronchitis - which may mask the presence of tuberculous infection, or may through their chronic debilitating effect on the lung tissues, predispose to the lighting up of an old, and apparently healed focus of tuberculous infection, dating back perhaps to adolescent, or early adult life. In this connection it is worth reporting the result recently published of an investigation into a possible association between smoking, and respiratory tuberculosis. This showed that in both sexes patients of over 30 years of age with respiratory tuberculosis showed a highly significant deficiency of non-smokers, and light smokers, and an excess of moderate and heavy smokers when compared with control cases not suffering from tuberculosis. This suggests that smoking may be an important cause of the breakdown of healed, and quiescent respiratory tuberculosis in adults, especially those past middle age who have been smoking for many years. Whatever the cause or causes of respiratory tuberculous infection in middle-aged and elderly persons, it is generally difficult to persuade such persons of the desirability or necessity of having their chest condition properly investigated to exclude diseases such as tuberculosis, and cancer which are becoming more common in the later decades of life. The popular conception of tuberculosis is of a disease which affects adolescents and young adults, and it therefore is not surprising to find difficulty in convincing older persons of their liability to suffer from it, and of the necessity to undergo X-ray examinations, and sputum tests when their chest condition is not normal. It is a common experience to find when checking up on the contacts of newly discovered cases, that middle-aged or elderly relatives and friends of the patients who have had contact with him, are either reluctant, or refuse outright to have themselves investigated at the Chest Clinic. The fallacy of this outlook is illustrated by reference to the figures for new cases of respiratory tuberculosis notified during the three years 1954-1956 inclusive. Of the total of 81 such cases in the Health Area, no less than 32 were in the 45 - 65 year age group, and 9 were in the over 65 year age group. Thus just over 50% of the new cases notified in these three years were in middle aged, and elderly persons, and 6 of these were age 70 years and over. I hope that figures such as these will help to dispel any notion that respiratory tuberculosis is mainly a disease of the young, and will perhaps help to persuade those past middle age to cooperate more readily with those of us who are trying to eradicate this disease. They owe it not only to themselves so that if required they may be given treatment, but also to those with whom they associate, and whom they may unknowingly infect with tuberculosis.

The most striking feature of the years since 1946 has been the steady fall in the mortality from tuberculosis. Thus in 1948 when the No 7 Health Area was constituted the number of deaths from this disease was 13, and this figure rose to 21 two years later in 1950. Since then it has shown a progressive, and welcome reduction until in 1956 it reached the record low figure of 1 death only. The principal credit for this happy state of affairs must go to the now highly effective range of drugs which are now available for the treatment of tuberculosis. Not only do they arrest the progress of the disease but they also shorten the duration of treatment under hospital conditions, and therefore allow a more rapid turnover of sanatorium beds. This in turn means that new patients can be more readily accepted for sanatorium treatment, and the great bugbear of the immediate post-war tuberculosis situation - the long wait for a bed in a sanatorium - has virtually disappeared. Since the prompt isolation and adequate treatment of the newly discovered case is an important factor in limiting the spread of tuberculosis, one may reasonably hope, and expect that improved methods of treating the disease will eventually bring about some reduction in the number of persons newly infected. We may also hope that this more effective treatment of tuberculosis will encourage cases to seek early advice, and to persevere with treatment to a greater extent than in those not-so-distant times when the outlook in tuberculosis was so much more gloomy.

Some few years ago the Medical Research Council commenced a large-scale investigation into the use of B.C.G. vaccine in preventing tuberculous infection in adolescents. In February 1956 the first progress report was published. This showed that B.C.G. vaccination did confer a substantial degree of protection in adolescents, and it appeared that vaccination reduced the chances of contracting tuberculosis by about 80%, or to put it in another way, of every five cases of tuberculosis appearing in unvaccinated adolescents, four might have been prevented by B.C.G. vaccination. The County Medical Officer has since 1954 operated a scheme for giving B.C.G. vaccine to adolescents in the school-leaving age group who after appropriate tests were found to need it. The response of parents to this scheme has on the whole been very good, and by the time the last series of testing, and vaccination sessions were held in November 1956 a total of 1,658 school leavers had been vaccinated in No 7 Health Area.

The welfare of old persons continued to cause some anxiety during the year. The difficulties of dealing with old people arises not so much from shortage of suitable welfare, and hospital accommodation - although during the winter these are only just adequate - as to the reluctance, or outright refusal of some of them to agree to move into an institution or hospital where they can be cared for. No doubt much of their obstinacy stems from a natural sense of independence commoner in a generation which grew up and formed its values before the advent of the Welfare State, whilst in many the dulling of their critical faculties by advancing years makes them unable, and unwilling to appreciate the deterioration which has taken place in their personal standards of living, of cleanliness and of their conduct towards the rest of the community in which they live. In fairness to the general body of elderly people I must make it clear that the old persons referred to above are in the minority. The great majority of old persons live under reasonable conditions in their own houses, with relatives, or in eventido homes or institutions, and cause little or no concern to anyone. On the other hand the few recalcitrant, and unreasonable characters which do exist, can cause trouble, and anxiety to their neighbours, and to the welfare services out of all relation to their actual numbers. I am aware that powers exist under which such cases can be taken before the local Court of Summary Jurisdiction, but I am very reluctant to recommend District Councils to take this course of action, and they are understandably equally reluctant to authorise the taking of such action. Apart from the possibility that the Court may have to deprive the old person of his liberty, he is in any event exposed to the publicity which almost inevitably accompanies the taking of the cases before the Bench. In this latter connection I feel that such cases might be more expeditiously, and humanely dealt with if the procedure used for mentally ill people - the consideration of the case out of Court by one or two Justices - were adopted, particularly as some of the cases concerned display eccentricities of behaviour, and confusion of thought, which if not calling for action under mental health legislation do suggest some deterioration in mental faculties.

In spite of the various difficulties encountered in this field during the year, it was not found necessary to take action under the National Assistance Act, 1948 to seek the compulsory removal of any old persons to an institution or a hospital.

The Food Hygiene Regulations 1955, which were laid before Parliament in December, 1955, came into operation on 1st January 1956. There was some feeling of disappointment amongst public health workers that the new regulations did not give all the powers that seemed necessary to secure, and maintain good standard in this important aspect of their work. In addition it was not very long before certain ambiguities, and difficulties of interpretation of parts of the regulations became evident which are likely to reduce the effectiveness of these regulations. Another source of disappointment was the failure of the regulations to provide for compulsory registration of food premises with the Local Authority, in this case the County District Council. As long ago as 1951 when the Report of the Catering Trade Working Party was published, the Local Authority and Public Health representatives on the Working Party urged that catering establishments should after adequate inspection, and providing they came up to an agreed standard, be registered. On the other hand the Catering Trade representatives pressed for registration "as of right".

Although the two parties did not agree about the way in which registration should be effected, both appeared to consider that it was desirable. It is therefore surprising to find that when the long-awaited new regulations did appear, there was no reference to any type of registration, even for catering establishments in which mediocre, or poor standards of premises, and equipment make it difficult for reasonable standards of food hygiene to be maintained. There are in this Area catering establishments where because of limited space available, both inside and around the buildings rooms for storage, and preparation of foods are inadequate in size, and badly ventilated, and garbage, and waste foods bins have to be stored in the same room in which food is prepared, cooked, and served. As the law stands at the moment there is little the Local Authority can do to ensure such premises are used to the best advantage of the public who use them and have the right to expect that the food prepared in them will be hygienically handled, wholesome and free from infection. In spite of the defects in the regulations which I have referred to, they do represent an improvement on the provisions of the Food and Drugs Act, 1938, and it has been possible to recourse to them to secure better conditions in the great majority of premises in which food is handled, prepared, and sold. In general owners and managers of food businesses have been helpful, and co-operated in carrying out alterations, additions and works necessary to bring their premises up to the required standard.

During 1956, in spite of the great influx of holidaymakers into the Area, with the resultant large expansion in the catering trade, four cases only of food poisoning were notified. These were amongst visitors who were moving about a good deal, and there was no indication as to where the infection was contracted. I have in previous years written of the importance of maintaining good standards in the holiday catering industry, which is after all one of Cornwall's principal sources of employment and income. At the risk of appearing tedious or repetitive I should again like to draw the attention of all concerned in this trade to the necessity of continuing to maintain the highest possible standards in spite of the difficulties which I know they have to contend with in a trade which because of its seasonal nature has to employ considerable numbers of semi-skilled, and unskilled workers.

The main activity in the field of water supply has again been in the vicinity of Liskeard where work on the new intake main from the River Fowey to St. Cleer, and on the new treatment plant and storage reservoirs on St. Cleer Downs for the Liskeard and District Water Board continued, and made good progress. Whilst the Water Board was undertaking this work, the Liskeard Rural District Council proceeded with a comprehensive scheme of laying water mains in the southern, and south-western parts of the Rural District. These mains will be ready to function as soon as the bulk supply of treated water becomes available at the Water Board's new works on St. Cleer Downs - probably in the early autumn of 1957. This new supply when it becomes available will prove a great boon to farms, and private dwellings which up to now have been dependent on local sources liable to failure in dry spells, and of doubtful purity. Towards the end of the year notification was received of the proposal to hold an enquiry into a further section of the scheme to bring piped water to that part of the Rural District lying to the north and north-east of the main works at St. Cleer. In parts of the Area other than the Liskeard Rural District supplies of water were generally adequate and of good quality, and apart from minor problems of distribution, no real difficulties arose. During the latter part of the year discussions between the South East Cornwall Water Board, and the Liskeard and District Water Board with a view to examining and integrating policy on water supply in this part of the County were initiated. I sincerely hope that these discussions will lead to the most effective use of available sources of supply, and to the widest possible distribution of pure piped water in South-East Cornwall.

Apart from repairs and improvements to existing local sewage disposal schemes the only noticeable activity in this field was the completion of the second and final stage of the scheme to serve the large village of St. Germans. The large-scale scheme for the town of Callington, submitted to the appropriate Ministry at the end of 1955, was finally approved in November 1956, and there is now every reason to hope that a start on actual constructional work will be made in the early summer of 1957. In the Liskeard Rural District schemes to deal with sewage in five villages which were examined and approved in principle by the Ministry as long ago as 1953/54 are still

awaiting permission for work to commence on them. Enquiries into ways and means of dealing with sewage disposal in the Borough of Liskeard continued and it appears that it may soon be possible to prepare a final scheme to deal with the large-scale and increasing nuisance caused by the discharge of crude sewage into the East Looe River.

In concluding this general preface to my Annual Report for 1956 I should again like to express my gratitude for the help and ready co-operation I have at all times received from the various Officers of the District Councils I serve and particularly the Public Health Inspectors with whom I have worked in the closest harmony throughout the year. I should also like to thank the Members of the Councils for the support and encouragement I have had during the year and without which it would have been difficult if not impossible to carry out my duties and obligations to the Public Health Service.


I have the honour to be,

Your Worship, Ladies and Gentlemen,

Your obedient Servant,

P. J. FOX.

Medical Officer of Health.



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BOROUGH OF LISKEARD

Health Committee

Councillor S.W.E.Salter Chairman
Councillor H. Toms. Vice-Chairman

together with seven other members of the Council. This Committee deals with the great bulk of matters affecting Public Health.

Housing Committee

Alderman P. S. Tank Chairman
Councillor J. P. Bice Vice-Chairman

together with all other members of the Council. This Committee deals with those aspects of Public Health which are relating to Housing.

Health Officers of the Authority

P. J. Fox , M.B., B.Ch., B.A.O., D.P.H.
Medical Officer of Health.
R. C. Sanderson, M.A.P.H.I., A.M.I.P.C.,
Chief Public Health Inspector and Surveyor.

D. W. Sillifant, M.A.P.H.I.
Assistant Public Health Inspector.

BOROUGH OF LISKEARD

Area of Borough	2,704 acres
Population (Registrar- Generals Estimate)	4,310
Number of Inhabitated Houses	1421
Rateable Value of Borough	59667
Sum represented by Penny Rate	239

Vital Statistics for 1956

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	23	29	52

	<u>Liskeard M.B.</u>	<u>Health Area No 7.</u>	<u>England & Wales</u>
Birth rate per 1000 of population.	13.4	15.1	15.7

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	1	1	2

	<u>Liskeard M.B.</u>	<u>Health Area No 7.</u>	<u>England & Wales.</u>
Still birth rate per 1000 total births.	37.0	19.7	23.0

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	33	58	91

	<u>Liskeard M.B.</u>	<u>Health Area No 7.</u>	<u>England & Wales</u>
Death rate per 1000 of population.	8.0	11.3	11.7

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of Infants under one year of age.	1	1	2

	<u>Liskeard M. B.</u>	<u>Health Area No 7.</u>	<u>England & Wales</u>
Infant mortality rate per 1000 live births.	38.5	15.8	23.8

Maternal Deaths. None registered.

Principal Causes of Death at All Ages.

Heart Disease	50
Cancer (all sites)	13
Respiratory disease	10
Vascular lesions of the nervous system ("stroke")	9
Circulatory disease	4
Accidents in the home	2

Average Age at Death

<u>Males</u>	<u>Females</u>
73	73

The birth rate although showing an increase of 2 per 1000 over last years low figure is nevertheless still below the rate for the Health Area, and the country as a whole. The still birth rate shows a moderate increase and the infant mortality rate increased in much the same proportion and is above the Area and national rates. For the ninth successive year there were no maternal deaths - an excellent record. Deaths showed a reduction on last years figure , and now that a more realistic correction factor, which allows for the presence of hospital and other accommodation for the elderly in the Borough is available to apply to the artificially high crude death rate, the corrected death rate of 8.0 per 1000 of population gives a more reliable indication of the state of health of the Borough. The presence of hospitals and institutions in the town also accounts for the relatively high average age at death, and for the fact that 57% of those dying were aged 75 years and over at the time of death.

Infectious Disease. The year 1956 was marked by a sharp outbreak of measles in the Borough during which 133 cases of this disease were notified . This outbreak was confined almost wholly to the months of February and March. Apart from measles only 17 cases of other infectious disease were notified of which 4 were puerperal pyrexia. All four cases of puerperal pyrexia occurred in Trebarras Maternity Home which accepts mothers for confinement from over a very wide area, and only one of these was seriously ill. The young women concerned displayed all the signs and symptoms of the once-dreaded and often fatal puerperal fever or " child bed fever" but thanks to modern methods of treatment a rapid and complete recovery occurred. In spite of the whole-hearted co-operation of the Consultant Obstetrician, Mr Concannon, and the resident staff at Trebarras no source of infection was found and no similar cases occurred at or about this time. There were no deaths amongst notified cases of infectious disease during 1956.

The following are details of actual numbers, and case rate of notifiable disease during the year.

<u>Rate per 1000 of population</u>			
<u>Disease</u>	<u>Cases</u>	<u>Liskeard M.B.</u>	<u>Health Area No.7.</u>
Measles	133	30.86	4.72
Pneumonia	9	2.09	1.37
Whooping Cough	4	0.93	2.18

<u>Rate per 1000 total(live and still) births</u>		
Puerperal pyrexia	4	74.07
		7.04

Tuberculosis. Two cases only of this disease, both of them respiratory infections, were notified during 1956. This is an increase over last years very low figure of one case, but is still well below the higher incidence of new cases which prevailed in the years prior to 1955. Both cases affected were in the 45 - 65 year age group. There were no deaths from tuberculosis during the year.

The following are details of these new cases together with case rates and mortality rates:-

<u>Age Group</u>	<u>New Cases.</u>		<u>Deaths</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 1	-	-	-	-
1 - 5	-	-	N	
5 - 15	-	-	o	
15- 45	-	-	n	
45- 65	1	1	e	
65 and over	-	-	registered.	

<u>Rate per 1000 of population.</u>		
	<u>Liskeard M.B.</u>	<u>Health Area No 7.</u>
New cases	0.46	0.57
All known cases	9.28	7.08
Deaths.	-	0.02

At the end of 1956 there were 35 known cases of respiratory tuberculosis, and 5 known cases of non-respiratory tuberculosis resident in the Borough.

National Assistance Act, 1948 No action under Section 47 of this Act was called for during 1956.

Water Supply This was adequate in quantity, and of excellent quality throughout the year.

Sewerage and Sewage Disposal . Again such progress as did take place during 1956 in the planning and preparation of a sewage disposal scheme for the town appeared to be small in amount and to take place very slowly. It is possible that my personal feeling of very slow progress on this matter is sharpened by my impatience to see some adequate means of sewage disposal provided. I am not however unmindful of the many, and complex engineering problems which must be surmounted before the scheme can be finalised and the necessary public inquiry held by the Ministry of Housing and Local Government.

Meat, Milk and Other Foods . As in previous years the main activity in this field has been the inspection of carcasses slaughtered at the large slaughterhouse located at Addington. The number of animals slaughtered during the year was 28,423 - an increase of 6,241 animals over the 1955 figure. In spite of this increase the weight of meat condemned fell sharply from almost 32 tons in 1955 to just under 16 tons in 1956. It appears that this improvement has come about largely through a reduction in the number of carcasses wholly or partly affected with tuberculosis.

The standard of cleanliness in connection with the handling and preparation of food in shops and catering establishments in the Borough was generally satisfactory.

Food Poisoning . No cases were notified during 1956.

Clean Food Campaign No such campaigns were undertaken on a large scale, but some films were shown, and talks given to people on the subject of food hygiene.

Factories Acts 1937 and 1948. No difficulties in the administration of these Acts were experienced during 1956.

Report of Chief Public Health Inspector. This report by Mr. R.C. Sanderson, the Chief Public Health Inspector and Surveyor follows. I should like to express to Mr. Sanderson and the Additional Public Health Inspector, Mr. D.W. Sillifant, my sincere thanks for the co-operation shown, and the assistance given at all times during the year to me.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR ENDED 31st DECEMBER, 1956.

I have pleasure in presenting the Annual Report in respect of environmental health and the sanitary administration of the Borough. The particulars furnished cover the work of the department during the calendar year 1956 and comprise the joint report of Mr. E.J. Hoar and myself on this aspect of the work.

May I refer to the retirement of Mr. E.J. Hoar which took place in July, 1956 when he received the good wishes of the Council and particularly this department who will miss his many kindnesses and freely given advice.

Although some progress in public health has been made during the year, the staff are faced with expanding duties in connection with food hygiene and housing, consequently the staff have been working at full pressure to try and cope with the many duties entrusted to them.

I must emphasise however that the important duty of meat inspection was given priority at all times to assure a 100% inspection service, and this has meant that certain sections of the work have not received the attention they warrant.

In conclusion I should like to express my thanks to the Health Committee and the Town Council and to members of the staff who have cooperated so ably with me.

Yours obediently,

R. C. SANDERSON.

Chief Public Health Inspector and Surveyor.

R.C. SANDERSON M.A.P.H.I., A.M.I.P.C.

Chief Public Health Inspector & Surveyor.

D.W. SILLIFANT, M.A.P.H.I.

Assistant Public Health Inspector.

Water Supply

This year has been marked by the commencement of the treatment plant works of the Liskeard & District Joint Water Board, which it is hoped will produce sufficient treated water within the next two years to supply both the Borough and the Rural Districts without the fear of an inadequate supply being with us as was the case in the past. The extremely wet summer caused the almost continuous full treatment to be undertaken with consequent increased work to the filters.

Sewerage and Sewage Disposal

Once again the hardy annual question of sewage appears but with some progress to report in that the firm of consulting engineers are in the process of drafting a provisional plan after considering various points put forward by the Council and its officers.

Meat Inspection

This again has received priority treatment and in view of the services required, namely that of an almost full-time inspector, the Council has made some appeal to the Minister having regard to the fact that most of the meat killed and inspected in the Borough is for consumption outside the district, and it is hoped that it will bear some fruit.

Cysticercus Bovis, one of the more recently emphasised diseases of animals which may affect humans, has been the subject of special search and the number of carcasses discovered to be infested with the cystic stage of this disease warrants the very careful inspection that it entails. (See attached report)

It will be noted that the total no of animals slaughtered has increased over the last year.

Clean Food Regulations

Films, discussions and talks to interested people were undertaken with the help and cooperation of His Worship the Mayor and the Chairman of the Public Health Committee, these appeared to be successful and a spirit of cooperation with food handlers was developed.

Premises used for the sale of food for human consumption

Grocers	11
Licensed Premises	10
Cafe with Bakehouse	1
Cafes	6
Bakehouses	2
Milk Shop	1
Fried Fish & Chips	2
Butchers	11
General Stores	5

Other food stuffs condemned during 1956

Tinned products	154	- 1 cwt 2 qrs 14 lbs.
Other Foods		1 cwt 3 qrs 5 lbs.

Carcases and Offal inspected and condemned in whole or in part

	Cattle Excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Horses.
Number killed	2773	443	243	15,372	9,592	Nil
Number inspected	2773	443	243	15,372	9,592	Nil
<u>All Diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	10	12	11	50	25	Nil
Carcases of which some part or organ was condemned	574	126	Nil	525	106	Nil
Percentage of the number inspected affected with Disease other than Tuberculosis and Cysticerci.	21.0	31.1	4.5	3.7	1.3	Nil
<u>Tuberculosis only</u>						
Whole carcasses condemned.	1	3	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned	51	27	Nil	Nil	209	Nil
Percentage of the number inspected affected with Tuberculosis.	1.8	6.8	Nil	Nil	2.1	Nil
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned	26	2	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration.	26	2	Nil	Nil	Nil	Nil
Generalised and Totally condemned	Nil	Nil	Nil	Nil	Nil	Nil

Total weight of meat condemned 15 tons 16 cwts 0 qrs 10 lbs.

Milk and Milk Sampling

Distributors of Milk

Registered distributors of sealed bottled milk	7
Registered dairies	1

Designated Milk

T.T.Dealers Licences	Nil
" Dealers Supplementary Licences	2
Pasteurized Dealers Licences	1
" Dealers Supplementary Licences.	2

Ice Cream

There is only one manufacturer in the Borough who uses the cold mix and the standard is first class as results show below: the remainder are usually well known brands and it was not thought necessary to obtain the usual quota of samples and it relieved the inspector for other more urgent work.

A total of 10 samples were taken during the year and all resulted in being Grade I a very satisfactory report.

Rodent Control

The Rodent Control operator dealt with the inspection of the Borough Controlled tip and the sewers but in view of his commitments with the Liskeard R.D.C. one of the Borough Staff is undergoing some supervision of poisoning, gassing and trapping in order to relieve him for his rural district duties.

Public Health Act, 1936

Many complaints from Householders were received in the department in relation to the many varied aspects of environmental hygiene and the routine visits and investigations necessary were carried out by the staff and on the whole informal action only was found necessary, most owners being co-operative. On no occasion was it found necessary to invoke legal action.

Housing

(a) Drainage is one of the oldest functions of a health department and control, inspection testing and supervision of this forms one of the many onerous duties of the staff, in addition to which we are also actively concerned with the efficiency and suitability of existing systems. New building plans are deposited in this office, scrutinised and examined for Bye Law standards.

(b) Inspections and Repairs When the 1954 Housing Repairs and Rents Act was introduced many thought it would facilitate repairs to dwellinghouses but unfortunately owners do not appear to have availed themselves of this opportunity to do the repairs and increase the rents.

In practice it has also been proved that the tenants have not taken advantage of the issue of Certificates of Disrepair and so we appear to have reached a stalemate. It is hoped that the ill-named Slum Clearance programme will prove as successful as anticipated in the proposed five year plan.

(c) Improvement Grants Owners appear to fight shy of this combined central and local government offer to help keep structurally sound houses (with an estimated life of 15 years) habitable and modernised. The chief source of applications are from owner-occupiers who are ready to improve and bring up to a satisfactory standard their own dwellings.

Public Cleansing All Cleansing Services are operated by direct labour who manage a weekly collection of house and trade refuse with some few exceptions, mainly isolated buildings, who receive a monthly collection. This puts a heavy burden on the only vehicle operating.

Method of disposal is by controlled tipping at the tip on the outskirts of the Borough and difficulty is experienced in obtaining sufficient satisfactory covering material - hence complaints of burning refuse have been received.

Miscellaneous Duties

Cinema Routine inspection of sanitary accommodation shows no defects.

Schools There are three schools within the Borough and all amenities are maintained at a reasonably high standard. In connection with schools meals services visits to school's kitchens have ensured a high standard of food hygiene.

Petroleum & Carbide The inspection of storage installations and the supervision of essential repairs in the interest of the public safety has been undertaken during the year.

Pet Licences Act A licence to keep a pet shop was issued conditions being satisfactory.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1956

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7
Heart disease	71	62	34	17	50	21	255
Cancer (all sites)	40	29	22	8	13	13	125
Vascular lesions of the nervous system("stroke")	27	19	10	5	9	3	73
Respiratory disease	17	6	15	2	10	-	50
Circulatory disease	12	6	6	1	4	2	31
Genito-urinary disease	5	3	4	1	1	-	14
Digestive disease	4	6	1	1	1	-	13
Suicide	4	4	1	-	-	1	10
Other accidents	4	2	-	-	2	-	8
Motor vehicle accidents	1	-	1	-	-	-	2

APPENDIX II

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1956

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO 7.
Coronary disease, angina	26	19	14	11	9	7	86
Hypertension with heart disease.	8	6	-	1	2	2	19
Other heart disease	37	37	20	5	39	12	150
Cancer of lung and bronchus	3	10	1	2	-	6	22
Cancer of stomach	8	2	2	1	5	2	20
Cancer of breast	6	2	2	-	2	-	12
Cancer of uterus	1	1	2	-	2	1	7
Other cancers	22	14	15	5	4	4	64

APPENDIX III

DEATHS BY AGE GROUPS - 1956

DISTRICT	0 - 5 YEARS	5 - 15 YEARS	15 - 45 YEARS	45 - 65 YEARS	65 - 75 YEARS	75 YEARS AND OVER	ALL AGES
ST GERMANS R.D.	3	2	12	45	56	96	214
LISKEARD R.D.	5	-	5	30	43	70	153
SALTASH M.B.	4	2	3	20	32	50	111
TORPOINT U.D.	1	1	1	9	10	17	39
LISKEARD M.B.	2	1	2	14	20	52	91
LOOE U.D.	-	-	3	6	13	22	44
HEALTH AREA NO 7.	15	6	26	124	174	307	652

APPENDIX IV

AVERAGE AGE AT DEATH - 1956

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	66	72
LISKEARD R.D.	69	71
SALTASH M.B.	69	69
TORPOINT U.D.	64	71
LISKEARD M.B.	73	73
LOOE U.D.	68	80
HEALTH AREA NO. 7.	68	73

TUBERCULOSISNEW CASES AND DEATHS IN HEALTH AREA NO 7 - 1956

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 1 YEAR	-	-	-	-
1 - 5 YEARS	1	-	-	-
5 - 15 YEARS	2	1	-	-
15- 45 YEARS	3	8	-	-
45- 65 YEARS	5	4	1	-
65 YEARS AND OVER	5	-	-	-
TOTALS:	16	13	1	-

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1000 of POPULATION:	0.31	0.26	0.57

MORTALITY RATE PER 1000 of POPULATION	0.02	0.02
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CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7. 1956

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES AS AT 31.12.56.</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.25	6.83	-
LISKEARD R.D.	0.50	5.50	0.07
SALTASH M.B.	0.80	7.34	-
TORPOINT U.D.	0.88	9.15	-
LISKEARD M.B.	0.46	9.28	-
LOOE. U.D.	1.34	7.80	-
HEALTH AREA NO. 7.	0.57	7.08	0.02
CORNWALL COUNTY	0.63	-	0.11

APPENDIX VICANCER OF LUNG AND BRONCHUS - 1956DEATHS BY AGE GROUPS AND SEXES

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45	1	1
45 - 65	9	1
65 - 75	3	1
75 AND OVER	3	3
TOTALS:	16	6

LUNG CANCER RATE PER 1000 OF POPULATION

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO 7.	0.314	0.118	0.432
CORNWALL COUNTY	0.224	0.027	0.251
ENGLAND AND WALES	0.349	0.058	0.407

~~REPORT OF L. J. K. F. A. D.~~

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